

**Office of Retirement Services**

P.O. Box 30171 | (800) 381-5111 (Lansing area 322-5103)
Lansing MI 48909-7671 | www.michigan.gov/ors

State Police Deferred Retirement Option Plan (DROP) Election and Application for Retirement

Before completing this form, please review the information in the DROP packet and the statements below.

Section I: Member Information (Please print or type.)

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
STREET ADDRESS	WORK PHONE	HOME PHONE
CITY, STATE, ZIP	CLASSIFICATION/TITLE	

Section 2: Deferred Retirement Option Plan (DROP) Election

By signing in Section 3 below, I elect to participate in the State Police Retirement System DROP, and I acknowledge the following.

- I received and read the DROP packet of information and I am eligible to participate in the DROP.
- This form must be accepted by the Office of Retirement Services (ORS) no later than the last business day of the month before my DROP start date indicated below.
- My pension benefit will be calculated as of the day before my DROP start date and I forfeit any claim to additional pension benefits based on future service and salary after I begin my DROP participation.
- Participation in the DROP does not guarantee continued employment.
- The maximum number of years I can participate in the DROP is six and my DROP benefit is based on the length of time I participate in the DROP and the corresponding percentages, shown in the table below.

DROP Period	% of Pension	DROP Period	% of Pension
Less than 1 year	30%	4 years but less than 5 years	80%
1 year but less than 2 years	50%	5 years but less than 6 years	90%
2 years but less than 3 years	60%	6 years	100%
3 years but less than 4 years	70%		

- I understand that my employment with the State Police will terminate at the end of my DROP participation.
- My DROP participation begins on my DROP start date and terminates on my DROP end date, shown below.

DROP START DATE / 01 /	DROP END DATE (max 6 years)
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- If my employment ends for any reason (disability, death, job termination, etc.) before my DROP end date ORS must be contacted. My DROP benefit will be recalculated for the time I actually participated in the DROP.
- My pension payment will be payable to me the month following my DROP end date or the last day on payroll with the Department of State Police, which ever occurs first.
- My decision to participate in the DROP is irrevocable.***

Section 3: Applicant's Certification

By my signature below, I certify that I understand the requirements of the Deferred Retirement Option Plan (DROP) and wish to apply for retirement from the State Police Retirement System. In addition I elect to participate in the DROP for the dates entered above. I understand that my continued employment is not guaranteed and I will begin my retirement at my DROP end date. **Once ORS accepts this application, my participation in the DROP is irrevocable.**

APPLICANT'S SIGNATURE	DATE
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Mail to: ORS, P.O. Box 30171, Lansing, MI 48909-7671